

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. **113**Registered No. **134**

## 1. PLACE OF BIRTH

County **Graham**Township **Safford**City **Safford**State **Arizona**

or Village

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Loreta Romero**

(If child is not yet named, make supplemental report, as directed)

3. Sex

If plural births

4. Twin, triplet or other

5. Number, in order of birth

6. Premature

7. Legiti-

8. Date of birth

June 7, 1934

Female

One

Full term

Yes

mate

Yes

(Month, day, year)

9. Full name

FATHER

Jose Romero

18. Full maiden name

MOTHER

Pabla Cordova

10. Residence (usual place of abode)

(If nonresident, give place and State) Safford, Arizona

18. Residence (usual place of abode)

(If nonresident, give place and State) Safford, Ariz

11. Color or race

Mex

12. Age at last birthday

61

(Years)

20. Color or race

Mex

21. Age at last birthday

32

(Years)

13. Birthplace (city or place)

(State or country)

Tucson, Arizona.

22. Birthplace (city or place)

(State or country)

Arizona.

14. Trade, profession or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last en-gaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

10

(At time of this birth and including this child) (a) Born alive and now living

4

(b) Born alive but now dead

6

(c) Stillborn

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **10:30 p. m.** on the date above stated

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report

396-607-731

(Date of)

(Signed)

J. N. Sh... M. D.

or Physician

Midwife

Address Safford, Arizona

Filed

July 9, 1934 J. N. Sh... Registrar

Registrar

Registrar

MARGIN RESERVED FOR FILING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.